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ABSTRACT

Adlerians believe that change of any lasting value has a fundamental dependency on the client's awareness of how he incorrectly processes data in his life; he must develop the insight necessary to correct the errors in his life style. Also, the therapist must know the goals of the client's behavior in order to make relevant comments in therapy. While Adlerians emphasize the relationship with the therapist as the vehicle for bringing the client to important insight they are cognizant of the fact that the client often attempts to gain control of the treatment, sometimes by dwelling on his pain or by threatening impending disaster. An Adlerian technique, often written and spoken about, is called "imagery." The purpose of this technique is to help the client understand the reasons for his maladaptive behavior to gain greater insight into the manner in which he is processing data. Generally, the process is one in which the therapist associates the life style behavior which the client either appears to be unaware of or is aware of yet unwilling to change with some concrete image or example of this behavior. This procedure is particularly useful in helping couples or one member of an intimate relationship to make life decisions. Case examples are presented. (Author/KS)

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by

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Counselors who embrace Adlerian tenants believe that change of any lasting value has a fundamental dependency on the client's awareness of how he incorrectly processes data in his life; he must develop the insight necessary to correct the errors in his life style. Too, the therapist must know the goals of the client's behavior in order to be relevant in his verbal exchange in therapy. While Adlerians emphasize the relationship with the therapist as an important vehicle for helping the client to arrive at critical insights, they are cognizant of the fact that the client often attempts to gain control of the treatment, sometimes by dwelling on his/her pain or by threatening impending disaster. At those times the therapist attempts to clarify the manner in which the client is incorrectly perceiving his options.

An Adlerian technique employed to help the client clarify his/her alternatives is called "imagery". The purpose of this technique is to help the client understand the reasons for his maladaptive behavior and to gain greater insight into the manner in which he is processing data. Essentially, this is a form of persuasion designed to help the client toward constructive change, the reason the therapist must assume the client is paying for therapy.

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Generally, the process is one in which the therapist associates the life style behavior which the client seems to be unaware of or is aware of and yet is unwilling to change with some concrete image or example of this behavior.

The therapist very carefully yet creatively and often spontaneously during therapy draws an analogy of the behavior being discussed to some familiar object, situation, or behavior. It must be hastened to be said that the therapist must utilize this technique as creatively and as timely as possible. As with any technique, the therapist must develop the "feel" for the appropriate occasion to implement..

Mosak (1975) discussed several examples used by him and colleagues. The client who constantly entered into a "yes, but -" game with him when confronted with alternatives was asked to purchase a dictionary and bring it to the therapy session whenever he returned. Having been handed a black marking pen, the client was instructed to find the word "BUT" in the dictionary and scratch it out. Further, he was requested to have it handy at all times and whenever he caught himself using the word "But" in decision-making, to open the dictionary and verify that the word "But" does no longer exist for him. He reported that over a period of time, along with continued counseling, he began to make better decisions.

This writer has utilized imagery in a number of ways. A most prized example of a successful experience of mine with this technique was with the wife of a couple who came to me because of relationship concerns. Both of them indicated that they essentially wanted to work on their communication problems, but that they both felt that she had some personal problems

affecting their relationship. She stated them succinctly: she was inorgasmic (the purist would call this pre-orgasmic), she did not get along with her domineering mother-in-law, and she sucked her thumb. Feeling overwhelmed with three toughies, and knowing that they were interwoven - all a form of powerlessness - I said, "Which one would you like to discuss first?" Unhesitatingly, she chose her thumb-sucking. Her reasoning was that of the three concerns, this one had greater imminent danger of becoming exposed to the "outside world". She was fearful that one or both of her young sons would catch her while sucking her thumb and either begin the habit themselves or share their mother's secret with others. While both of these thoughts bothered her, the possibility of others knowing that at 32 years of age she still sucked her thumb, was terrifying to her.

My previous experience with thumb sucking had been confined to my five siblings. Never had I counseled a person with this presenting problem. As I listened to her discuss her dilemma, I was in touch with the fact that I somehow did not feel qualified to help her solve this problem. More importantly, that feeling resulted in my being very relaxed and in touch with myself rather than, as one might suppose, uptight because of an ineffectual feeling. Mrs. X revealed that she sucked her thumb most frequently whenever she was either tired or extremely relaxed. As we continued to interact, she revealed that she sucks her thumb during intercourse, and that she really chastises herself for this incongruous behavior - engaged in an adult act of sex and at the same time exhibiting behavior generally associated with infantcy, thumb sucking. She also indicated that she could hold her husband with only one arm while she sucked her thumb. While she was elaborating on those feelings, I

suddenly recalled a scene from a situation which occurred to me that morning. As I was ascending my basement stairs, I kicked aside one of our dog Mimi's toys - a very large pacifier - one which appeared to be suited for an adult. With that, I blurted out, "Hey, I've got an idea! How would it be if you got a real large pacifier and kept it on the bed-stand? Then, during intercourse, you could reach over, pluck the pacifier into your mouth, and hold on to your husband with both hands." I elaborated quite pictorially. The look on her face conveyed that she rejected my suggestion and took it as a joke. She didn't respond to it verbally but chose to continue talking.

When they returned in two weeks, and we began the session, she indicated that she wouldn't have to work on the thumb-sucking problem, that she had not sucked her thumb since the last session. When I asked what had happened, she indicated that the image of her, a grown woman, sucking on a large pacifier, turned on lights illuminating how ridiculous her problem was and how she had had the power to quit sucking her thumb.

I had occasion to meet this couple - not in a therapeutic setting - approximately a year and a half later. Both of them reported that while they continue to work on their relationship, she has not lapsed into thumb sucking on any occasion. She felt a sense of self-governance from that success.

One of the really exciting aspects of the Adlerian approach is that Adlerian psychology encourages the invention of creative ways to help others. Images are used to persuade the client to change his life style. Even client-centered counseling uses persuasion through the use of empathy.

Whenever a client gets better, the client-centered therapist uses more empathy (Allen, 1975).

Images, The Basis of Fantasy

Often a couple or one member of a relationship is faced with a decision perhaps to separate or not to separate. Helping the couple experience their choices can aid in the decision-making process, help reduce anxiety and depression as well as serve as a predictor of how serious they may be about splitting.

The procedure is such: The couple is asked to close their eyes, get as comfortable as possible, and to relax any part of their body which feels tense. The therapist asks the couple to imagine that they have decided (independently or otherwise) to separate. The therapist then takes the couple through the following fantasy:

> Imagine that you have decided (a joint decision or otherwise) to separate. Keeping your eyes closed, imagine some familiar surrounding that you are in when you made this decision. Try to be as vivid as possible with what that area feels like. Really get in touch with how you feel about the decision and how your surroundings feel.
>
> Now, I am going to ask you to think of three people with whom you want to share your decision. Who are these people? Why have you chosen them? Just think of them for awhile. How has your relationship been with them? Get in touch with those feelings.
>
> Imagine now that you call these significant people, one at a time, to your surroundings to tell them of your decision. Imagine each one coming to you. Get in touch with how you feel in each one's presence. One by one, imagine their response to your news. Are they supportive? Are they threatened? Get in touch with all your feelings surrounding the visits.

In a few seconds I'm going to ask you to open your eyes and look at your partner and share your experience. (Designate who is to go first.)

The above has been useful in helping couples or one member of an intimate relationship to make life decisions.

While one can read a great deal about the use and therapeutic effects of images as a counseling aid, this writer believes that the full impact of the effectiveness of this technique can not be prized until a counselor has courage to be creative enough to use imagery appropriately in his counseling.

References

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